IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 3682
Applicants : Scott D. Wilde et al.
Appln. No. : 10/799,111
Filing Date : March 12, 2004
Confirmation No. : 7084
For : SHIFTER WITH GEAR POSITION INDICATOR

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	33	Minus	33	= 0	x $25	$ 0.00	X $ 50	$ 0.00
Independent Claims	6	Minus	4	= 2	x 100	$ 0.00	X $200	$400.00
First Presentation of Multiple Dependent Claims $180						$ 0.00	X $360	$ 0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						$ 0.00		$400.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Each Additional Group of 50 Pages That Exceeds 100 Pages

Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
No. of Groups Remaining After Amendment		Highest No. of Groups Previously Paid For	Present Extra Groups	Rate (each add'l 50 pages over 100)	Add'lFee	Rate (each add'l 50 pages over 100)	Add'l Fee
	Minus	*	=**	x $125	$	X $250	$

One "group" is a set of 50 application (specification, claims, abstract, and drawings) pages.

    *   If the entry in Col. 2 is more than the entry of Col. 1, write "0" in Col. 3

    **   If the entry in Col. 3 is not "0," pay the required fee.

1. _____ Small entity status of this application 37 CFR §§1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.

2. _____ No additional fee is required.

3. __x__ Please charge the fee of $400 to cover the cost of the additional claims added by this response to Deposit Account No. 16 2463.

4. _____ A fee of $____ to cover the application size fee is enclosed.

5. __x__ Please charge any additional fees or credit overpayment to Deposit Account No. 16 2463.

Respectfully submitted,

September 13, 2007

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